

1. CIR./DIST./DIV. CODE F.L.M.	2. PERSON REPRESENTED Ballut, Ghassan Zayed	VOUCHER NUMBER 03077-07-LLS02	
3. MAG. DKT./DEF. NUMBER	4. DIST DKT./DEF. NUMBER 8:03-000077-007	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. v. Ballut	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) Criminal case

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) *If more than one offense, list (up to five) major offenses charged, according to severity of offense.*

18 USC 1962-3300.F - RICO - Interstate commerce

**REQUEST AND AUTHORIZATION FOR EXPERT SERVICES**

12. ATTORNEY'S STATEMENT

As the attorney for the person represented, who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request:

- ☐ Authorization to obtain the service. Estimated Compensation and \$ \_\_\_\_\_ OR  
☒ Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300, excluding expenses)

Signature of Attorney

Date July 1, 2004

☐ Panel Attorney ☐ Retained Attorney ☐ Pro-Se ☐ Legal Organization

ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

Bruce G. Howie

5720 Central Avenue, St. Petersburg, FL 33707 (727) 344-1111

Telephone

13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions)

Translation of FISA tapes per Order of 4/16/04 (Doc. 508)

14. TYPE OF SERVICE PROVIDER

- |   |   |
|---|---|
| 01 <input type="checkbox"/> Investigator                      | 15 <input type="checkbox"/> Crime Medical                           |
| 02 <input checked="" type="checkbox"/> Interpreter/Translator | 16 <input type="checkbox"/> Voice/Audio Analyst                     |
| 03 <input type="checkbox"/> Psychologist                      | 17 <input type="checkbox"/> Hair/Fiber Expert                       |
| 04 <input type="checkbox"/> Psychiatrist                      | 18 <input type="checkbox"/> Computer (Hardware/Software/Systems)    |
| 05 <input type="checkbox"/> Polygraph                         | 19 <input type="checkbox"/> Paralegal Services                      |
| 06 <input type="checkbox"/> Documents Examiner                | 20 <input type="checkbox"/> Legal                                   |
| 07 <input type="checkbox"/> Financial Analyst                 | 21 <input type="checkbox"/> Jury Consultant                         |
| 08 <input type="checkbox"/> Accountant                        | 22 <input type="checkbox"/> Litigation Specialist                   |
| 09 <input type="checkbox"/> CALR (Westlaw, Lexis, etc.)       | 23 <input type="checkbox"/> Application Services (See Instructions) |
| 10 <input type="checkbox"/> Forensic Analyst                  | 24 <input type="checkbox"/> Other (Specify)                         |
| 11 <input type="checkbox"/> Ballistics                        |   |
| 12 <input type="checkbox"/> Firearms/Explosives               |   |
| 13 <input type="checkbox"/> Weapons/Firearms/Explosives       |   |
| 14 <input type="checkbox"/> Psychologist/Medical Examiner     |   |

15. COURT ORDER

Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 12 is hereby granted.

Signature of Presiding Judicial Officer or By Order of the Court

Date of Order

Nunc Pro Tunc Date

Repayment or partial repayment ordered from the person represented for this service at time of

☐ YES ☐ NO

Date	03077-07-LLS02	SubTotal	Other Costs	Tapes	@ \$2	Other (parking/tolls)	Total Compensation
06/01/04	9.50 @ \$35.00	\$332.50	Tapes	76	\$152.00		\$484.50
(V2)	49.00 @ \$47.00	\$2,303.00					\$2,303.00
(V3)	50.25 @ \$47.00	\$2,361.75					\$2,361.75
(V4)	63.75 @ \$47.00	\$2,996.25					\$2,996.25
(V5)	145.75 @ \$47.00	\$6,850.25					\$6,850.25
<b>Legal Language Services</b>		<b>\$14,843.75</b>			<b>Other \$152.00</b>		<b>\$14,995.75</b>

CLAIM STATUS

☐ Final Payment

☒ Interim Payment Number

I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation) source for these services.

Signature of

Date

minus 1/3 w/h \$4,948.00

Total Paid \$10,047.75

18. CERTIFICATION OF ATTORNEY I hereby certify that the services were rendered for this case.

Signature of

Date

July 1, 2004

**APPROVED FOR PAYMENT - COURT USE ONLY**

19. TOTAL COMPENSATION 14843.75	20. TRAVEL EXPENSES (-4948 w/h)	21. OTHER EXPENSES 152.00	22. TOTAL AMOUNT APPROVED/CERTIFIED 10,047.75
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23. ☒ Either the cost (excluding expenses) of these services does not exceed \$300, or prior authorization was obtained.  
☐ Prior authorization was not obtained, but in the interest of justice the Court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$300.

Signature of Presiding Judicial Officer

Date

Judge/Mag. Judge Code

24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED
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28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. § 3006A(e)(3)

Signature of Chief Judge, Court of Appeals (or Delegate)

Date

Judge Code



**FILE COPY**